

MAR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7353

1. PLACE OF DEATH

County Morgan
 Township Hart Creek
 City Frederick (No. 1)

Registration District No. 919
 Primary Registration District No. 95793a

File No. 9
 Registered No. 9
 St. Mo Ward 1

2. FULL NAME

Frederick Reinerich Dietrich Koch

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Johannah Shucker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 12 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, hrs.
 or min.

80

6

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

1932

11. Total time (years) spent in this occupation

65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Morgan Co Mo

FATHER

13. NAME

Ludwig Koch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hannover, Germany

MOTHER

15. MAIDEN NAME

Rickie Raza

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Mrs Henry Diebrock
Stover Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pymont Cem

DATE

Feb 27 1937

19. UNDERTAKER (ADDRESS)

C.R. Rask & Son
Stover Mo

20. FILED

Mar 10 1937

Mr G Ripberger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1937 to Feb 25 1937

I last saw him alive on Feb 25 1937. Death is said

to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Feb 27 1937

Other contributory causes of importance:

Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed)

Chas A West

M. D.

(Address)

Stover Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

